MAXIMUS Federal Services

Case Number:	CM14-0003089		
Date Assigned:	01/31/2014	Date of Injury:	07/22/2008
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old male injured on 07/22/08 while emptying a flour bag into a mixture sustaining bilateral shoulder injuries. An MRI of the bilateral upper extremities revealed right shoulder rotator cuff tear and left shoulder impingement. The patient underwent right shoulder arthroscopic rotator cuff repair on 12/01/08 and left shoulder subacromial decompression surgery on 02/23/09. The patient was treated with cervical epidural steroid injections for bilateral carpal tunnel syndrome and ongoing bilateral shoulder pain. Medication management included Topiramate 25mg BID, Menthoderm topical cream, and Norco 5/325mg. The most recent clinical documentation was handwritten and difficult to decipher. It was noted in the documentation the patient complained of flare up of his low back pain rated at 7/10. The patient denied lower extremities pain. Toradol 30mg IM injection was provided for pain management. The documentation also noted the patient frequently ran out of medication prior to reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TOPIRAMATE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 21

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OTHER ANTIEPILEPTIC DRUGS, TOPIRAMATE (TOPAMAX, NO GENERIC AVAILABLE) Page(s): 21.

Decision rationale: As noted on page 20 of the MTUS Chronic Pain Guidelines, Topiramate (Topamax®, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There is no indication in the documentation that the patient has failed first line treatment options for neuropathic pain. As such, the request for Topiramate cannot be recommended as medically necessary.